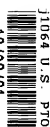


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11064 U.S. PTO

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Please type a plus sign (+) inside this box ☒Approved for use through 10/31/2002. OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No. OSTEONICS 3.0-352 First Inventor Paul Higham Title ION TREATED HYDROGEL Express Mail Label No. E	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Commissioner for Patents Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages 22] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 3] 5. Oath or Declaration [Total Pages 3] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) c. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b) 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies), or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies ACCOMPANYING APPLICATIONS PARTS 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement [] Power of Attorney (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 [X] Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i) Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.78: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____ Prior application information: Examiner _____ Group / Art Unit: _____ For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 65, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		<input type="checkbox"/> Correspondence address below	
Name		Address	
City		State	
Country		Zip Code	
Telephone		Fax	
Name (Print/Type) Raymond W. Augustin		Registration No. (Attorney/Agent) 28,588	
Signature <i>Raymond W. Augustin</i>		Date October 30, 2001	

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11064 U.S. PTO

PTO/SB/17 (10-01)

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**FEE TRANSMITTAL
for FY 2002**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) **740.00****Complete if Known**

Application Number	Not Yet Assigned
Filing Date	
First Named Inventor	Paul Higham
Examiner Name	Not Yet Assigned
Group Art Unit	N/A
Attorney Docket No.	OSTEONICS 3.0-352

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to.

Deposit Account Number: **12-1095**

Deposit Account Name: **Lerner, David, Littenberg, Krumholz & Mentlik, LLP**

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 ☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ Payment Enclosed

☐ Check ☐ Credit Card ☐ Money Order ☐ Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	740	201	370			Utility filing fee	740.00
106	330	206	165			Design filing fee	
107	510	207	255			Plant filing fee	
108	740	208	370			Reissue filing fee	
114	150	214	80			Provisional filing fee	
SUBTOTAL (1) (\$)							740.00

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
20	-20** =	<input checked="" type="checkbox"/> X	0.00
2	-3** =	<input checked="" type="checkbox"/> X	0.00
Multiple Dependent			

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim, if not paid	
106	84	206	42	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)					0.00

**or number previously paid, if greater, For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
105	130	205	65			Surcharge - late filing fee or oath	
127	50	227	25			Surcharge - late provisional filing fee or cover sheet	
139	130	139	130			Non-English specification	
147	2,520	147	2,520			For filing a request for ex parte reexamination	
112	920*	112	920*			Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*			Requesting publication of SIR after Examiner action	
115	110	215	55			Extension for reply within first month	
116	400	216	200			Extension for reply within second month	
117	920	217	460			Extension for reply within third month	
118	1,440	218	720			Extension for reply within fourth month	
128	1,960	228	980			Extension for reply within fifth month	
119	320	219	160			Notice of Appeal	
120	320	220	160			Filing a brief in support of an appeal	
121	280	221	140			Request for oral hearing	
138	1,510	138	1,510			Petition to institute a public use proceeding	
140	110	240	55			Petition to revive - unavoidable	
141	1,280	241	640			Petition to revive - unintentional	
142	1,280	242	640			Utility issue fee (or reissue)	
143	460	243	230			Design issue fee	
144	620	244	310			Plant issue fee	
122	130	122	130			Petitions to the Commissioner	
123	50	123	50			Processing fee under 37 CFR 1.17(g)	
126	180	126	180			Submission of Information Disclosure Stmt	
581	40	581	40			Recording each patent assignment per property (times number of properties)	
146	740	246	370			Filing a submission after final rejection (37 CFR 1.129(a))	
149	740	249	370			For each additional invention to be examined (37 CFR 1.129(b))	
179	740	279	370			Request for Continued Examination (RCE)	
169	500	169	500			Request for expedited examination of a design application	
Other fee (specify)							
*Reduced by Basic Filing Fee Paid						SUBTOTAL (3) (\$)	0.00

SUBMITTED BY

Name (print/type)	Raymond W. Augustin	Registration No. (Attorney/Agent)	28,588	Telephone	(908) 518-6318
Signature	<i>Raymond W. Augustin</i>	Date	October 30, 2001		

Complete (if applicable)

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